

2002

ORIGINAL

(17)
RB12/12/

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ROBERT L. WARD, JR.
Plaintiff

CIVIL ACTION NO.
1:cv-00-1126
Judge Kane ✓

V

DEFENSE LOGISTICS AGENCY :
DEFENSE DISTRIBUTION CENTER :
Defendant :

FILED
HARRISBURG, PA
DEC 10 2002
MARY E. D'AMICO, CLERK
Per [Signature]

BRIEF IN SUPPORT OF SUMMARY JUDGMENT

On May 16, 1997, I was injured at work. I returned back to work with a job-related injury with restriction documents. Restrictions being a lifting weight limit of a maximum of 45 pounds. On or around October 27, 1997, Frank O' Brien, Agency Defense Distribution Susquehanna, PA to receive additional medical information to wear a harness, informed me to go back

to my doctor. On October 23, 1997 I went to my doctor. I received at that time restriction documents stating I was to avoid wearing any weight or harness. On or around December 29, 1997, Frank O' Brien to go back to my doctor informed me again. He was insisting I return to the original job I was injured on. I stated to him I have restriction documents that I am not to perform that duty any longer. I returned again to my position. On January 5, 1998, I was given restriction of not to lift no more than 25 pounds indefinite. I had a seating limit of 15 minutes per hour. Due to extensive pain in my left leg, due to the previous injury. On or about February 3, 1998, I was issued a letter from branch chief Frank O' Brien after I declined to sign the sheet to say I received the harness. On or about March 10, 1998, the same letter was sent to the Division Office to the attention of Mr. Herb Messner, assistant division chief. After I was called to his office and was asked to sign the same sheet, I again declined to sign it. On or about April 7, 1998, the "sheet" was sent back to branch chief Mr. Frank O' Brien's office. At that time I contacted a union representative by the name of Mr. Frank Ward and ask him to meet me at Mr. O' Brien's office. During this meeting, I was issued the same "sheet" to sign for the harness. I again declined to sign. Mr. O' Brien stated that from the date of the sheet that I was to sign that I had (14) fourteen days reply or disciplinary actions would be taken. After (14) days passed, on about April 30, 1998, Mr. O' Brien came down to "Active Items", my work area and asked me in the office if I wanted an extension on the 14 days. I stated no. The work leader known as "Bruce" was also present during this conversation. On May 14, 1998, the "sheet" in which I was to sign for the harness was sent to my immediate supervisor Mr. Ken Slaseman. I was called to his office, I called back and asked Mr. Slaseman what was the issue in regards to wanting to see me. I asked, "Did I need union rep?" He stated, "yes". Then he proceeded to tell me he would get Andy Jackson. I stated no; I will get my own representative. Approximately, 5 minutes later I proceeded to Mr. Slaseman's office. I saw Andy Jackson and Mr. Slaseman going over documents pertaining to me. At that time I requested Andy Jackson to leave out of my meeting. then left. Mr. Slaseman and I proceeded to talk. He asked me to sign for the harness. I again declined and left the office approximately 5 minutes

later. He then got Andy Jackson to initial the "sheet". Then he had an employee by the name of John Lewis to bring the copy of the document me uncovered. I feel this is a violation of the Privacy Act, as well as biased. I am tired of being harassed and intimidated by Mr. Frank O' Brien and Mr. Ken Slaseman. I was getting very stressed when I came to work as a union representative. I feel that as evidence shows management is biased as well as having violated the Privacy Act against me. On May 1, 1998, I filed a complaint with the Equal Opportunity Commission Office of Federal Operations, Washington, D.C. The Office of Federal Operations stating in their return letter, on June 1, 1998, that the primary responsibility for processing complaints at the counseling, formal complaint, and investigation stages remains with the federal agency in which the complaint arose (Title 29 C.F.R. Part 1614). From July 1998 to March 24, 1999, I was consistently being harassed by Frank O'Brien stating I need to return back to my doctor for more documentation on my indefinite restriction by my position. Frank O' Brien harassed me every week. I was requested to go back and see my position more than any other employees in my department witnessed by Phyllis Holiday and Gloria King- Monroe. I was told by Phyllis Holiday that Frank O' Brien said not to talk to me when she arrived in storage "Active Items". Later I was told by my first line supervisor Ken Slaseman that I was a lazy individual. Frank O'Brien turned coworkers in my section against me making my work area a hostile environment. Frank O' Brien made me very stressful almost everyday making me have serious headaches. On March 30, 1999, I filed a precomplaint with the Equal Opportunity Commission at Defense Distribution Depot Susquehanna. On May 4, 1999, during mediation, the complaint was not resolved. On May 28, 1999, I filed a formal complaint of discrimination with the Defense Distribution Center Susquehanna, Pennsylvania Headquarters. Title 29 C.F.R. Section 1614 states to conduct a complete and fair investigation of a complaint within 180 days of the filing day of the complaint. July 8, 1999, I wrote a memorandum to Patricia A. Compton, Equal Employment Manager at the Defense Distribution Center Susquehanna, Pennsylvania stating to her I felt that that the Agency is not investigating my complaint and also I felt that I am not receiving fair treatment under the Title 29 C.F.R. Section 1614. I feel

that the Equal Opportunity at the Defense Distribution Center was and have been very bias towards African- Americans in handling and investigating their complaints to the fullest. On August 3, 1999, I received a letter from Patricia A. Compton, Equal Employment Office at the Defense Distribution Center stating she is going to dismiss my complaint without giving me full rights to Title 29 C.F.R. 1614. On August 27, 1999 I appealed that bias dismissal to the Equal Employment Opportunity Commission Office of Federal Operations. From August 27, 1999 up until January 7, 2000, Frank O' Brien was consistently harassing me. On January 7, 2000, I was so stressed; I resigned from the Defense Depot Susquehanna, Pennsylvania. At that time, my complaint was still pending in the Equal Opportunity Office of Federal Operations Washington, D.C. On June 15, 2000 I filed a petition in the United States District Court for the Middle District of Pennsylvania against the Defense Logistics Agency Defense Distribution Center.

Exhibit

- A: Medical Document, May 19, 1998
South Central Neurologic Associates
- B: Medical Document, May 28, 1998
South Central Neurologic Associates
- C: Medical Document, June 1, 1998
Kunkel Surgical Group
- D: Medical Document, June 2, 1998
Community Imaging Associates
- E: Medical Document, June 23, 1998
Health South Rehabilitation
- F: Medical Document, November 28, 2000
Pinnacle Health Physical Therapy
- G: Employabilty Assessment Form
December 1, 2000
- H: Medical Document, June 29, 2001
Polyclinic Hospital
- I: Medical Document, July 30, 2001

Neurology Center, P.C.

J: Medical Document, June 1, 1998

Kunkel Surgical Group, Dr. Richard G. Manning

K: Medical Document, October 28, 1998

Colonial Park Family Practice, Dr. Megan J. Borrer

L: Medical Restriction, October 23, 1997/ January 6, 1998


Conclusion

Therefore Motion for Summary Judgment should be Awarded.

1. \$300,000 in Compensatory Damages
2. \$30,000 a year from January 7, 2000 to being reinstated
3. Full employee reinstatement rights

Therefore Motion for Summary Judgment should be Rendered.

December 10, 2002



Robert L. Ward JR.

Plaintiff

1628 Catherine Street
Harrisburg, PA 17104

SOUTH CENTRAL NEUROLOGIC ASSOCIATES

Gerald T. Turgeon, D.O.

Michael E. Jones, D.O.

May 19, 1998



The
Arrington
Group

Megan J. Borrer, M.D.
Colonial Park Family Practice
4813 Jonestown Road
Suite 205
Harrisburg, PA 17109

RE: Robert Ward
5-19-98

Dear Dr. Borrer:

It was my pleasure to evaluate your patient Robert Ward for neurologic consultation in my office on 5-19-98. As you will recall he is a very pleasant 38-year-old gentleman who presents with complaints of left leg pain and numbness. He states that he had a hernia surgery repair in 1997. He began to notice left leg pain shortly after the surgery. He states that the pain is worse over the last year. He has also developed weakness of the left leg particularly with exertion. Numbness and pain radiate from the left lumbar region into the left thigh, left calf and down to the left lateral malleolus.

He hasn't noticed any pain particularly with Valsalva, however, the pain is worse whenever he is lying flat. The pain is also increased with physical exertion. He has not experienced any urinary incontinence or any fecal incontinence. He has been taking Ibuprofen for pain.

Past medical history is none.

Past surgical history is positive for two hernia repairs involving the left inguinal region.

Family history is noncontributory.

Review of systems finds that he has never had neuromuscular, endocrine, hematologic, rheumatologic, cardiovascular or pulmonary disease.

Social history finds that he does smoke a pack of cigarettes every other day and he denies ethanol.

Medication includes Ibuprofen.

He has no known drug allergies.

Page 2

RE: Robert Ward
5-19-98

Neurologic evaluation revealed the following. For cerebral functions I find that he is awake, alert and oriented to person, place and time. He follows commands and answers questions appropriately. There is no agnosia, aphasia or apraxia identified. Judgement and abstract thinking are intact.

For cranial nerves I find that pupils are equal and reactive to light and accommodation. Extraocular muscles are intact. Visual fields are intact symmetrically. Funduscopic examination reveals no papilledema. Spontaneous venous pulsations are present. Sensory to face is intact. Muscles of mastication are intact. There is no facial asymmetry. Hearing is intact symmetrically. The soft palate elevates bilaterally upon phonation. He is able to flex the sternocleidomastoid and trapezius muscles symmetrically without difficulty and the tongue protrudes midline.

Cerebellar exam finds no dysdiadochokinesis or dysmetria. He performs finger-to-nose and heel-to-shin without ataxia. Gait is not ataxic.

Motor exam finds 5/5 and symmetric strength of the deltoids, biceps, triceps, wrist extensors, wrist flexors, grip strength, iliopsoas, quadriceps, hamstrings, anterior tibialis, gastrocnemius and foot intrinsics. Straight leg raising is negative.

Sensory exam finds that light touch, deep touch, vibratory and proprioception are generally intact.

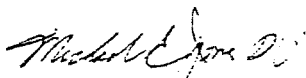
Deep tendon reflexes are 2/4 symmetrically of the biceps, triceps, brachial radialis, patellar and Achilles. There is no Hoffmann's, Tromner's or Babinski signs identified.

IMPRESSION:

Your patient's complaints are seen most consistent with an S1 radiculopathy on the left. I am not certain, however, how this might relate to any previously performed hernia surgery. At this point I will, however, perform an MRI of the lumbar spine and an EMG of the left lower extremity in an attempt to further rule out radiculopathy. I have in the meantime asked him to continue with his Ibuprofen. I will follow up with this gentleman in my office in the near future to perform the EMG.

Thank you for allowing me to participate in your patient's care.

Sincerely,



Michael E. Jones, D.O.

MEJ:dlc
Dictated but not read

SOUTH CENTRAL NEUROLOGIC ASSOCIATES

May 28, 1998

Gerald T. Turgeon, D.O.

Michael E. Jones, D.O.



The
Arrington
Group

Megan Borrer M.D.
Colonial Park Family Practice
4313 Jonestown Road
Harrisburg, PA 17109

RE: Robert Ward

Dear Dr. Borrer:

It was my pleasure to evaluate your patient Robert Ward for EMG studies of the left lower extremity in my office on May 28, 1998. Both motor and sensory nerve conduction studies were performed on the left lower extremity as well as EMG needle examination.

The left peroneal motor onset latency was normal at 5.06 and the compound muscle action potential was reduced comparatively to the left tibial motor compound muscle action potential. The conduction velocity of the left peroneal motor nerve between the ankle and fibular head was normal at 63.7 meters per second. The left tibial motor onset latency was normal at 3.28 and the compound muscle action potential was normal at 8.08. The left tibial F response was normal at 48.59 milliseconds. The left sural sensory onset and peak latencies were normal at 3.40 and 3.98 respectively. The sensory nerve action potential was normal at 13.19 microvolts.

EMG needle examination was performed on the left lower extremity and specific muscles examined electromyographically may be referenced on my report, however, the left gluteus maximus revealed 2+ fibrillation potential. The left S1 paraspinal muscle revealed 3+ positive sharp waves. I would like to note that the positive sharp waves were large and there were complex repetitive discharges identified consistent with chronic denervation.

IMPRESSION: This EMG study is abnormal and reveals the following:

1. Acute on chronic S1 radiculopathy on the left.
2. Decreased compound muscle action potential identified in the left extensor digitorum brevis muscle likely represents focal trauma to the extensor digitorum brevis muscle. This is a common finding. Please correlate clinically.

Sincerely,

Michael E. Jones, D.O.

MEJ/dmr
dictated but not read

5/28/98 10:13 am

S Central Neurologic Assoc / Occupational Rehab805 Sir Thomas Court
Harrisburg, PA. 17109**Patient:** WARD, ROBERT L.
Patient ID: 412-02-6022
Sex: Male**Physician:** MICHAEL JONES, DO
Ref Phys: MEGHAN J. BORROR, MD**Nerve Conduction Report:****Motor Nerves**

Nerve	Site	Onset Lat (ms)	Amplitude	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
L Peroneal	EDB		O-P (mV)		0		
	Ankle	5.06	3.24	B Fib-Ankle	6.61	35.50	53.7
	B Fib	11.67	2.47				
L Tibial	AbdHal		O-P (mV)				
	Ankle	3.28	8.08				
L Tibial F	AbdHal						
	Ankle	49.38					
		45.00					
		48.59					

Sensory Nerves

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude
L Sural	LatMal 14 cm	3.40	3.98	O-P (μ V) 13.19

EMG Report:

Side	Muscle	Nerve	Root	INS	FIBS	PSW	FASC	AMP	POLY	RECR	INT PAT	COMMENT
L	TibAnt	Peroneal	L4-5	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	
L	MedGastroc	Tibial	S1-2	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	
L	VastusLat	Femoral	Lw-4	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	
L	GluteusMed	SupGlu	L4-S1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	
L	GluteusMax	InfGlu	L5-S2	Nm1	2+	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	
L	S1 Parasp			Nm1	Nm1	3+	Nm1	Nm1	Nm1	Nm1	Nm1	
L	L5 Parasp			Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	Nm1	CRD'S PRESENT

Conclusions:
SEE REPORT

KSG
Kunkel Surgical Group

*Diplomats of the American Board of Surgery
Fellows of the American College of Surgeons*

*John A. Rossi, M.D.
Salvatore A. Parascandola, M.D.
J. Bret DeLone, M.D.*

*Raymond F. Kostin, M.D.
Paul A. Kunkel, M.D.
Richard G. Manning, M.D.*

June 1, 1998

Megan Borrer, M.D.
Colonial Park Family Practice
1813 Jonestown Road, Suite 205
Harrisburg, PA 17109

RE: Robert Ward

Dear Megan:

This is just a note to keep you informed regarding Robert Ward. As you know, he has had long-term complaints related to his left inguinal herniorrhaphy which was done in 6/97. This has mainly been in the form of making work difficult for him because of perceived pain and numbness in the left thigh especially being made worse by heavy work and/or certain positions or devices that he needs at work; particularly a belt that he has to wear around his body during some jobs.

I had previously asked him to seek attention with an anesthesiologist for potential injections, and he has refused that therapy. Additionally, since I felt like getting a handle on his degree of disability was difficult, I set him up to see someone at HealthSouth Rehabilitation for a functional work capacity assessment. After a phone call and discussion with the gentleman regarding this, he decided he did not want to have that evaluation done. He has sought the attention of Dr. Turgeon, a neurologist in town, who has ordered an MRI of the lumbar area and has seen him on several occasions, and is working up a possible nerve injury to this area.

I have clarified as best I could for his Worker's Compensation the restrictions that are required which I can give to the best of my ability. However, as I stated in the previous letter, it would be advantageous to have this definitively assessed. I tried to explain to him the difference between simply knowing that there is an injury to the muscles and nerves and actually being able to assess the degree of injury so as to more specifically assign him work duty. I do not know

Handwritten signature and date: 6/16/98

COMMUNITY IMAGING ASSOCIATES

Michael Jones, D.O.
805 Sir Thomas Court
Harrisburg, PA 17109

RE: Robert L. Ward, Jr.
D.O.B.: July 24, 1959
S.S.#: 412-02-6022
Date of Exam: June 2, 1998

*Refer to Mo min
for lumbar epidurals
As: Radiculitis
with. Operable*

The
Arlington
Group

MRI SCAN OF THE LUMBOSACRAL SPINE

HISTORY: Low back pain radiating down the left leg after work related injury.

TECHNIQUE: Proton density and T2 weighted sagittal images; axial and sagittal T1 weighted images. Contrast is not administered.

FINDINGS: The patient has a fairly pronounced scoliosis to the right. This can cause difficulties in diagnosis of disc herniation inasmuch as disc asymmetry related to a scoliosis can have the same appearance as disc asymmetry related to true herniation. Therefore, in all instances, clinical correlation is suggested.

The L5-S1 level demonstrates disc bulging without convincing evidence for herniation. There is mild bony productive change but no significant foraminal stenosis.

The more superior interspaces reveal mild degenerative disc disease but no evidence for herniation or stenotic change of significance.

Aside from changes typically seen with a scoliosis the paraspinous soft tissues are normal. There is no evidence for spondylolisthesis although there is some exaggeration of the lumbar lordosis. The conus is normal.

IMPRESSION: 1. Degenerative disc disease predominantly at L5-S1.
2. Scoliosis to the right. There is also some exaggeration of the lumbar lordosis.

Thank you for referring this patient to our facility.

Sincerely,

WJ Meisler

William J. Meisler, M.D.

WJM:dlc

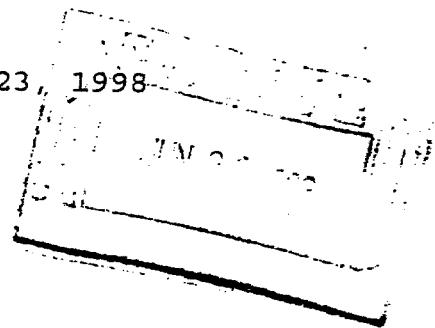
Date Transcribed: 6-2-98

mt 6/3/98

HEALTHSOUTH

Rehabilitation of Mechanicsburg
Acute Rehabilitation Hospital

June 23, 1998



Michael Jones, D.O.
805 Sir Thomas Court
Harrisburg, PA 17109

RE: ROBERT WARD

Dear Dr. Jones:

I had the pleasure of seeing your patient, Mr. Robert Ward, at the Mechanicsburg Rehabilitation Hospital's Pain Clinic for a possible lumbar epidural steroid injection to help treat his chronic lower back pain and left lower extremity radicular symptoms. Thank you very much for the kind referral.

As you know, he is a 38-year-old male who has been having pain involving his lower back and left leg since a work related injury he suffered on 5/16/97 after doing some heavy lifting. Apparently at that time he suffered from a left inguinal hernia which was surgically corrected, but since then he has had persistent radicular pain down his left leg without any relief.

A recent lumbar spine MRI was consistent with diffuse degenerative changes most prominently at the L5-S1 level.

After evaluating him today, I performed a fluoroscopically guided epidural steroid injection using a translaminar approach at the L5-S1 interspace. A total of 10 cc's of normal saline and 80 mg of Methylprednisolone was injected. He tolerated the procedure well.

He was instructed to call us anytime after two weeks should a second injection be recommended.

Thank you once again for allowing me to participate in his care.

Sincerely,

Malik N. Momin, M.D.

mf 7/1/98



PINNACLE HEALTH
Physical Therapy

Silver Springs Commons Shopping Center
6520 Carlisle Pike
Mechanicsburg, PA 17055
(717) 697-5806
795-8958 FAX

Dillsburg Shopping Center
860 N. US 15
Dillsburg, PA 17019
(717) 432-7719
432-7531 FAX

Polyclinic Hospital
2601 North Third Street
Harrisburg, PA 17110
(717) 782-2344
782-4200 FAX

Seidle Hospital
120 South Filbert Street
Mechanicsburg, PA 17055
(717) 795-6740
795-6737 FAX

Harrisburg Hospital
111 South Front Street
Harrisburg, PA 17101
(717) 782-5590
782-5581 FAX

OUTPATIENT PRESCRIPTION:

Date: 11/28/02

NAME: Robert Ward

DIAGNOSIS: CHRONIC LUMBAR STRAIN

- ☐ Physical Therapy Consultation
☒ Physical Therapy Evaluation & Treatment
☐ Physician's Recommendations (indicate below)

R_x LOW BACK MODALITIES
FOR STRENGTHENING

Special Precautions:

3X/WK FOR 1 WEEK
TEST HOME PROGRAM

Next Physician's Appointment:

Signature

MD/DO

EMPLOYABILITY ASSESSMENT FORM

RECORD NAME: <i>Robert Ward Jr</i>	IDENTIFICATION:		
	CO. <i>22</i>	RECORD NO. <i>0228382</i>	DIST.

WORKER: <i>Debbie GRAHAM</i>	CASELOAD NO.: <i>1794</i>	DATE:
---------------------------------	------------------------------	-----------

SECTION I Must be completed by applicant/recipient for public assistance			
PLEASE PRINT OR WRITE CLEARLY. BE SURE TO SIGN YOUR NAME AND DATE THIS FORM IN THE APPROPRIATE SPACE BELOW.			
NAME: <i>Robert L. Ward Jr</i>	BIRTHDATE: <i>7-24-59</i>	SOCIAL SECURITY NO.: <i>412 02 16022</i>	
ADDRESS: <i>1628 Catherine Harrisburg, PA.</i>	TELEPHONE NUMBER: <i>221-9474</i>		ZIP CODE: <i>17104</i>

BRIEFLY EXPLAIN WHY YOU BELIEVE YOU CANNOT WORK:

Degenerative disc disease, Lumbar

I HEREBY AUTHORIZE ALL MEDICAL PROVIDERS TO RELEASE ANY MEDICAL INFORMATION THAT IS RELATED TO MY EMPLOYABILITY TO THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE. THE INFORMATION OBTAINED WILL BE USED ONLY FOR PURPOSES RELATED TO AN ASSESSMENT OF MY ABILITY TO WORK AND MY ELIGIBILITY FOR PUBLIC ASSISTANCE.

<i>x</i>	<i>Robert L. Ward Jr</i>	<i>Robert L. Ward Jr</i>	<i>Dec 1, 2000</i>
	(SIGNATURE) PUBLIC ASSISTANCE APPLICANT/RECIPIENT	PRINT NAME	DATE

AFTER YOU HAVE COMPLETED THIS SECTION, ARRANGE FOR AN APPOINTMENT WITH A LICENSED PHYSICIAN (MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY) OR PSYCHOLOGIST. GENERAL ASSISTANCE BENEFITS OR AN EXEMPTION FROM TANF WORK REQUIREMENTS CANNOT BE AUTHORIZED FOR YOU UNTIL THE FULLY-COMPLETED FORM IS RETURNED TO THE COUNTY ASSISTANCE OFFICE WORKER.

RETURN TO:

SECTION II (To be completed by a licensed physician or psychologist)

The information on this form will be used by DPW to make an assessment of your patient's qualification for GA benefits or an exemption from TANF work requirements based on his or her inability to work. Please complete this section based on your evaluation of the patient's statement in Section I, your examination of the patient, and your use of other medical procedures.

EMPLOYABILITY (Check Only One)

1. ☐ **PERMANENTLY DISABLED** - Has a physical or mental condition which permanently precludes any gainful employment. The patient is a candidate for Social Security Disability or SSI.
2. ☒ **TEMPORARILY DISABLED - 12 MONTHS OR MORE** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability temporarily precludes any gainful employment.
 The temporary disability began 10/25/00 and is expected to last until 10/24/01.
DATE DATE
 The patient may be a candidate for Social Security Disability or SSI benefits.
3. ☐ **TEMPORARILY DISABLED - LESS THAN 12 MONTHS** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability temporarily precludes any gainful employment.
 The temporary disability began / / and is expected to last until / / .
DATE DATE
4. ☐ **EMPLOYABLE** - The patient's physical and/or mental condition is such that he or she can work.

EXAMINATION RESULTS: (Both parts of this Section Must Be Completed if #1 or #2 above is Checked. If not completed, the client will be ineligible for GA or will not be exempt from TANF work requirements.)

1. DIAGNOSIS (Primary and Secondary):

PRIMARY: Degenerative Disc Disease

SECONDARY: Radiculopathy

2. ASSESSMENT BASED UPON: (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> A. PHYSICAL EXAMINATION | <input type="checkbox"/> D. APPROPRIATE TESTS AND DIAGNOSTIC PROCEDURES |
| <input checked="" type="checkbox"/> B. REVIEW OF MEDICAL RECORDS | <input type="checkbox"/> E. OTHER (Specify) _____ |
| <input checked="" type="checkbox"/> C. CLINICAL HISTORY | _____ |

AS A LICENSED MEDICAL PROVIDER, I CERTIFY THAT I HAVE READ AND COMPLIED WITH THE ATTACHED INSTRUCTIONS AND THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE. I FURTHER CERTIFY THAT MY DIAGNOSIS AND ASSESSMENT ARE BASED SOLELY ON THE PATIENT'S CONDITION AS DETERMINED BY MY EXAMINATION. I UNDERSTAND AND AGREE THAT MY DIAGNOSIS AND SUPPORTING DOCUMENTATION MAY BE SUBJECT TO REVIEW BY THE DEPARTMENT OF PUBLIC WELFARE.

MEDICAL PROVIDER (PRINT NAME):

Marije Szabo MD

TELEPHONE NO.:

(717) 4800794

ADDRESS:

301 S. Front St Steelton Pa 17103

Marije Szabo MD
 SIGNATURE

TDN046506A
 MEDICAL ASSISTANCE PROVIDER NO.

12-01-00
 DATE



WARD, ROBERT
RM#: POS
MRN: 412-02-6022
CASE: 00210357432
ADM: 06/29/2001

POLYCLINIC HOSPITAL
2601 North Third Street
Harrisburg, PA 17110

1/25

COMPREHENSIVE POLYSOMNOGRAM

06/29/2001

CLINICAL DATA:

Mr. Robert Ward is 41-year-old male with history of difficulty to initiate and maintain sleep, problems breathing at night. The patient has history of snoring. He gives history of excessive daytime somnolence. He has increased difficulty to alert while reading and driving.

TECHNICAL DESCRIPTION:

This is an All Night Sleep Study continuously monitoring the EEG, chin muscle activity and eye movement for sleep staging. Respiratory monitors include nasal and oral air flow, using a triple port thermocouple. Respiratory effort was measured by piezoelectric technology employing an abdominal and thoracic belt. Blood oxygen saturation level was monitored by pulse oximetry. In addition, a continuous EMG monitoring of the lower extremities was recorded using surface electrodes for possible nocturnal myoclonus.

The procedure was closely monitored by technician using ultra low light video equipment.

RESULTS:

The patient fell asleep 56 minutes after lights out. Latency to stage 1 was 56 minutes, latency to stage 2 was 57 minutes, latency to stage REM was 236 minutes from sleep onset. There were no stages 3, 4 of sleep present in this study. The patient spent 13 minutes 4% in stage 1 of sleep, 172 minutes 53% in stage 2 of sleep, 73 minutes 7% in stage REM. EMG monitoring of the lower extremities shows frequent periodic leg movements in sleep. There were 83 myoclonic twitches present with periodic leg movement index 24 per hour. Total time in bed was 6.3 hours, total sleep time was 3.5 hours. Sleep efficiency was 55%.

Respiratory monitoring shows occasional obstructive sleep apnea and hypopnea. There were 39 respiratory events present with apnea and hypopnea index 11 per hour. Baseline oxygen saturation level was 99%. Lowest oxygen saturation level was recorded at 83%. Multiple awakenings, frequent arousals were present in this study.

NEUROLOGY DEPARTMENT

NEUROLOGY DEPARTMENT

NEUROLOGY DEPARTMENT

CHART COPY



WARD, ROBERT
RM#: POS
MRN: 412-02-6022
CASE: 00210357432
ADM: 06/29/2001

IMPRESSION:

This All Night Sleep Study shows poor sleep efficiency 55%. Multiple awakenings, frequent arousals were recorded in this study. Prolonged sleep latency was present suggestive of sleep delayed phase. There was mild obstructive sleep apnea recorded in this study with total of 39 respiratory events with apnea and hypopneic index 11 per hour. In addition, frequent periodic leg movements in sleep were present initially with total of 83 myoclonic twitches recorded during this All Night Sleep Study. Treatment options will be discussed with patient.

ORIGINAL: MARIA MICHALEK, M.D.

C:

DICTATED BY: MARIA MICHALEK, M.D.

Diplomate, American Board of Sleep Medicine

DD: 07/05/2001

DT: 07/09/2001 /dac

D#: 855095

PINNACLEHEALTH SLEEP CENTER



POLYSOMNOGRAPHY REPORT

PATIENT INFORMATION

Name: ROBERT WARD
 Date of Birth: 7/24/59
 Hospital No: 412-02-6022A1
 Study No: ANS

Age: 42
 Sex: M

Date of Study: 06-29-2001

Technical Description: This is an overnight polysomnographic study using standardized parameters including EEG, EOG, EKG, anterior tibialis and chin EMG, blood oxygen saturation, oral and nasal airflow, respiratory effort monitoring with both abdominal and thoracic gauges. The patient was given a detailed sleep questionnaire.

Start Time: 22:39:52
 End Time: 05:03:19

Lights Off Time: 22:39:56
 Lights On Time: 05:03:11

Time in Bed (TIB): 6.3 hours
 Sleep Period (Sleep Onset to last sleep): Unknown tag: SPT2H hours
 Total Sleep Time (TST): 3.5 hours
 Sleep Efficiency (TST/TIB): 54.6%

STAGE DISTRIBUTION	Minutes	%SPT
Stage Wake	171.8	53.4
Stage 1	12.5	3.9
Stage 2	171.5	53.3
Stage 3	0.0	0.0
Stage 4	0.0	0.0
Stage REM	23.0	7.2
Non-REM	184.0	57.2

LATENCIES	Latencies (min)
Sleep Onset	56.4
Stage 1	56.4
Stage 2	56.9
Stage 3	-
Stage 4	-
Stage REM	235.9

PERIODIC MOVEMENTS

Movement Types	Total # of Movements	Index
Isolated	83	24.1
Periodic	0	-
Isolated w/arousal	11	3.2
Periodic w/arousal	0	-
Periodic w/apnea	0	-
Isolated w/resp events	11	3.2

AROUSALS

	Number	REM	Non-REM	Index	Index REM	Index Non-REM
Total Arousals	86	7	79	24.9	18.3	25.8
Arousal associated w/Resp. Events	26	4	22	7.5	10.4	7.2
Snore Arousals	0	0	0	-	-	-
Arousal associated w/Periodic Movement	0	0	0	-	-	-

Total Awakenings: 30

RESPIRATORY SUMMARY

	# of Events	Index/Hr	# with Desaturations
Obstructive	0	-	0
Central	0	-	0
Mixed	1	0.3	1
Hypopnea	38	11.0	14
Apnea+Hypopnea	39	11.3	15

RESPIRATORY EVENTS BY POSITION

		APNEA	HYPOPNEA	APNEA +
SUPINE	NUMBER	1	7	8
	INDEX	6.1	42.4	48.4
PRONE	NUMBER	0	0	0
	INDEX	-	-	-
LEFT SIDE	NUMBER	0	0	0
	INDEX	-	-	-
RIGHT SIDE	NUMBER	0	31	31
	INDEX	-	9.4	9.4
SITTING	NUMBER	0	0	0
	INDEX	-	-	-

RESPIRATORY EVENTS BY STAGE

		TOTAL		REM		NON-REM	
		Number	Index	Number	Index	Number	Index
TOTAL	Apnea + Hypopnea	39	11.3	8	20.9	31	10.1

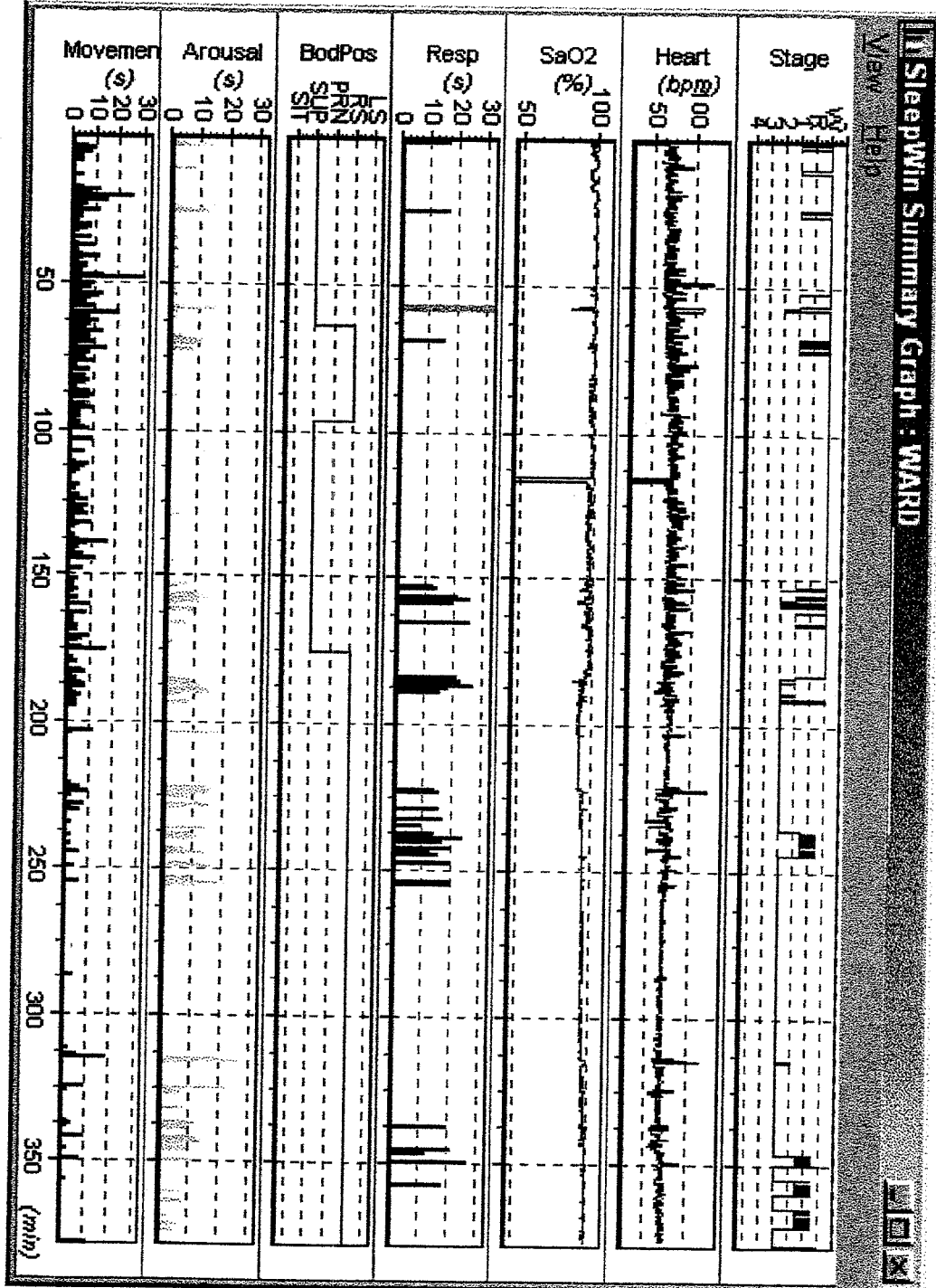
SLEEP CONTINUITY

Number of Arousals:	86	SNORING EVENTS:	0
Number of Awakenings:	30	SNORING INDEX:	-
Arousal Index:	24.9	# of Tachycardias:	0
Percentage Central:	0.0	# of Bradycardias:	0
Percentage Obstructive:	0.0		
Percentage Mixed:	100.0		

OXYGENATION AND HEART RATE

	Min SaO2	Max SaO2	Ave SaO2	Min HR	Max HR	Ave HR
Wake	81.0	100.0	97.3	32.0	119.0	73.4
REM	93.0	99.0	96.7	52.0	92.0	71.7
NREM	83.0	100.0	95.1	48.0	120.0	70.4
Sleep	83.0	100.0	95.2	48.0	120.0	70.5
Total	81.0	100.0	96.2	32.0	120.0	71.9

GRAPH:



Neurology Center, P.C.

897 Poplar Church Road
Camp Hill, PA 17011
(717) 975-8585
Fax: (717) 975-0670

Maria Michalek, M.D.
Todd L. Samuels, M.D.
Ravi Dukkipati, M.D.

July 30, 2001

Mary Jo Szada, M.D.
381 S. Front Street
Steelton, PA 17113

RE: Robert L. Ward, Jr.

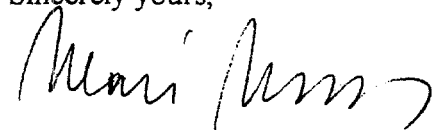
Dear Doctor Szada:

Mr. Ward was seen in our office with a history of excessive daytime tiredness and sleepiness. The patient has a known history of inability to initiate and maintain sleep. His recent All Night Sleep Study shows sleep delayed phase and a poor sleep efficiency of 55%. Occasional periodic leg movements in sleep were recorded in this study. There was no significant obstructive sleep apnea and hypopnea present in this study.

The results of the test were discussed with the patient. I suggested that he initiate treatment with Trazodone 50 mg HS.

Thank you for referring this patient to our office.

Sincerely yours,



Maria Michalek, M.D.

MM:mk

6022

RAYMOND F. KOSTIN, M.D. - 031429L
JOHN A. ROSSI, M.D. - 027547E
SALVATORE A. PARASCANDOLA, M.D. - 035681E

Medical Arts Building

Phone: 761-7244

J. BRET DeLONE, M.D. - 041721L
PAUL A. KUNKEL, M.D. - 042880E
RICHARD G. MANNING, M.D. - 041449L

Camp Hill, PA 17011

For Robert Ward Date 6/1/88
Address _____

R Shundy Nat War
Body Hanner & all
to work in

☐ GENERIC SUBSTITUTE
☐ LABEL
REFILL X

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND-
WRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

M.D.

Richard G. Manning

COLONIAL PARK FAMILY PRACTICE

KEVIN J. KELLY, M.D., ABFP MEGAN J. BORROR, M.D., ABFP
LORI A. BUCK, P.A.-C. TERRI L. JOHNSON, P.A.-C.

4807 JONESTOWN ROAD, SUITE 141
HARRISBURG, PA 17109
717-657-3030

NAME Robert Weid DATE 10-28-98

ADDRESS _____

*No lifting more than 25 lbs
at anytime, indefinitely
(Diagnosis: L5-S1 degenerative disc.)*

SUBSTITUTION PERMISSIBLE _____

REFILL X _____ DEA NO. _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND
MEDICALLY NECESSARY" IN THE SPACE BELOW.

INDIVIDUAL SICK SLIP		DATE
<input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		1/6/98
LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT <i>Ward, Robert</i>		ORGANIZATION AND STATION
SERVICE NUMBER/SSN <i>6022</i>	GRADE/RATE	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
REMARKS		DISPOSITION OF PATIENT <input type="checkbox"/> SICK BAY <input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER (Specify):
		REMARKS <i>Limited to 25lb. lift. Cutting limit to 15 min per hr. Thanks</i>
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER <i>D. D. ...</i>

DD FORM 689
1 MAR 63

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INDIVIDUAL SICK SLIP		DATE
<input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		10/23/97
LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT <i>Ward, Robert</i>		ORGANIZATION AND STATION
SERVICE NUMBER <i>6022</i>	GRADE/RATE	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
REMARKS		DISPOSITION OF PATIENT <input type="checkbox"/> SICK BAY <input checked="" type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER (Specify)
		REMARKS <i>Return to work. Avoid wearing any weight around his waist.</i>
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER <i>Dr. Manning ...</i>

DD FORM 689
1 MAR 63

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